



ADA Coordinator/New Designee Change Form

Please check one:

☐ Coordinator/New Designee

☐ Alternate Coordinator/New
Alternate Designee

Jurisdiction: _____	Jurisdiction: _____
Name: _____	Name: _____
Job Title: _____	Job Title: _____
Location: _____ _____	Location: _____ _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____
Designated by: _____	Designated by: _____
Approved by: _____	Approved by: _____